

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

AMERICAN CHEMISTRY COUNCIL, INC(b) Address (number and street) ☐ check if different than previously reported
700 2ND STREET NE

(c) City, State and ZIP Code

WASHINGTON

DC

20002

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002430**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016

through

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2016**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016**(b) Communication Title** Support for Sen. Roy Blunt (R-MO)**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Dell Perelman

(b) Address (number and street)

700 2nd Street NE

(c) City, State and ZIP Code

Washington

DC

20002

(d) Name of Employer or Principal Place of Business

American Chemistry Council

(e) Occupation

General Counsel & Corporate Secretary

9. Total Donations This Statement

, , , .00

10. Total Disbursements/Obligations This Statement

, , , 291600.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Allison Starmann

SIGNATURE

Allison Starmann

[Electronically Filed]

DATE

07/06/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control**A.** (a) Name **Transaction ID : F91.000001**

Cal Dooley

(b) Address (number and street) 700 2nd Street NE

(c) City, State and ZIP Code

Washington

DC 20002

(d) Name of Employer or Principal Place of Business

American Chemistry Council

(e) Occupation

President/CEO

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

